

## APPLICATION FOR RECORDS RETENTION SCHEDULE

GEORGIA DEPARTMENT OF HUMAN RESOURCES  
OFFICE OF ADMINISTRATIVE SERVICES  
RECORDS MANAGEMENT UNIT

For instructions on completing this form contact DHR Records Management Unit, 47 Trinity Avenue, Atlanta, Georgia 30334. Phone - (404) 656-4976 GIST: 221-4983

<b>DHR</b>		<b>1. GEORGIA DEPARTMENT OF HUMAN RESOURCES</b>		<b>ARCHIVES AND HISTORY</b>	
Application Date July 19, 1979		Division of Family & Children Services Specialized Services Section / Services to Families and Children Unit / 2nd Floor - 618 Ponce de Leon Avenue, N.E. Atlanta, Georgia 30308		Application Number 79-142	
Application Number DHR-30				Date Received AUG - 1 1979	
				Date Completed AUG 13 1979	
2. Person to Contact Ms. Bernice Holmes		Working Title Secretary/ Typist		Telephone Number 894-4440	
3. Action Requested a. <input checked="" type="checkbox"/> Establish Retention Schedule; record will continue to accumulate. b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. c. <input type="checkbox"/> Amend Application No. _____ Check One: <input type="checkbox"/> Change; <input type="checkbox"/> Supersede; <input type="checkbox"/> Void					
4. Dates of Series Earliest 1973		5. Records Series Title (followed by title used in office, if different) Latest to present Approval of Service Provider for Foster Care/ Day Care Files			
6. Division and Office Function What is the function of the Division and the Office in which this record series is created?  The Specialized Services Section, through the Supervision of 19 State District Directors and 159 County Directors of Departments of Family and Children Services, has the responsibility for overseeing the field administration of Services to Families and Children; Services to Adults; Work Incentive Program (WIN); Support Program; and the State Placement Program.  The Services to Families and Children Unit has responsibility for program planning and development of social services for families and children in the areas of foster care, adoptions, child protective services, services to expectant parents, child day care, and family counseling services designed to strengthen the family.					
7. Records Series Description This file contains the following documents (include form numbers and titles, if any): Attach samples of the file. Documents relating to: approving service providers for foster care/ day care.  Included are: form 565 (4-77) (Service Provider Approval/ Authorization) which shows provider name (individual and business name), address, telephone number, type of service, type of approval, and approval as to number, ages, and sex of children, effective date, and date of termination of approval; name, title, city, signature of authorized agency representative.  The file is arranged : alphabetically by county; thereunder, alphabetically by name of foster parent.					
8. Monthly Reference Rate One to six months old 1 - 6 ; Seven to twelve months old _____ ; Thirteen to twenty-four months old _____ ; twenty-five months and older _____ ? How often are records referred to which are:					
9. Annual Rate of Accumulation or Records Letter-size drawers 4 1/2 ; Legal-size drawers _____ ; Shelves _____ ; Other (Specify) _____					

YES	NO	10. Questionnaire (Place an "X" in the proper column)
X		a. Is this the official copy of the series? If not, where is it?
X		b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation. personal information about clients
	X	c. Is this a vital record?
	X	d. Does this series have historical or long term research value?
	X	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
	X	f. Is the information contained in this series ever published? If yes, attach copy.
	X	g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy. anticipated for future, then placed in Direc-
X		h. Is there a duplication of this series in your office, or in another office or agency? If yes, where? portions in various county offices State-wide.
	X	i. Is this series (or a major portion of it) regularly microfilmed?
X		j. Does the record series result in a computer printout? information from form 565

#### 11. Retention Requirements

The following requires the series to be kept:

- |                          |              |                                   |              |
|--------------------------|--------------|-----------------------------------|--------------|
| a. State Law             | _____ years. | d. Audit period                   | _____ years. |
| b. Statute of limitation | _____ years. | e. Administrative need            | 3 years.     |
| c. Federal law           | _____ years. | f. Federal retention instructions | _____ years. |

Attach copy or excerpt of laws or regulations. Explain administrative need.

confidentiality policy - provider personal information shown

#### 12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☐ Calendar Year; ☐ Fiscal Year; ☒ Other see following then,

- ☐ Hold in the current files area \_\_\_\_\_ month(s) \_\_\_\_\_ year(s); then . inactive file; cut off inactive
- ☐ Transfer to local holding area; hold \_\_\_\_\_ year(s); then . file at end of each fiscal year;
- ☐ Transfer to State Records Center; hold \_\_\_\_\_ year(s); then . . . . . hold in current files area 1
- ☐ Destroy . year; transfer to State Records Center;
- ☐ Transfer to State Archives for permanent retention. . hold 2 years; then destroy.
- ☐ Other (Specify)

#### District and County Offices

Cut off file at end of each calendar year;  
hold in current files area 1 year; then  
destroy.

#### Accounting Services

Cut off file at end of each fiscal year;  
hold in current files area 3 years, or  
until all audit questions have been re-  
solved; then destroy.

#### Printout (received monthly)

Upon receipt of new printout, destroy all  
copies of previous printout.

Form 565--(received from counties)

Management Development Section  
(original copy)

Upon completion of entering information  
into the data processing system, trans-  
fer to Specialized Services Section.

#### Specialized Services Section

As soon as information is entered on  
the summary form, place form 565 in  
These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
<i>George R. Shuey</i>	7/12/79	<i>Elizabeth W. Crank</i>	7/18/79
		Elizabeth W. Crank, C.R.M. State Records Committee (Signature)	Date
Recommendations in paragraph 12 are approved. (If disapproved, attach letter of explanation.)	State Auditor/Designee	<i>[Signature]</i>	8-10-79
	Secretary of State/Designee	<i>Carroll Hart</i>	8-7-79
	Attorney General/Designee	<i>W. S. Hall</i>	8-10-79